

ORIGINAL FILED
HARRISBURG

AUG 29 2001

DISTRICT COURT # 1:00-CV-02220
THIRD CIRCUIT APPEAL # 01-3173
IN RE: THOMAS R. JONES
APPELLANT 8/3

V.
JAKE MENDEZ, WARDEN, U.S. PAROLE
COMMISSION

TO WHOM IT MAY CONCERN; Per MARY E. D'ANDREA, CLERK

DEPUTY CLERK
MY NAME IS THOMAS R. JONES, I AM A DISTRICT

OF COLUMBIA PRISONER BEING HOUSED IN A FEDERAL INSTITUTION (F.C.I ALLENWOOD).
I AM WRITING TO THE PARTIES TODAY CONCERNING A NOTICE WITH I RECIEVED
FROM THE UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT PERTAINING TO
DOCKETS FEES STATUS.

ON DECEMBER 20, 2001, I (THOMAS R. JONES) FILED A WRIT OF HABEAS CORPUS
PURSUANT TO 28 U.S.C. § 2241; TO THE MIDDLE DISTRICT OF PENNSYLVANIA DISTRICT
COURT AGAINST THE UNITED STATES PAROLE COMMISSION AND JAKE MENDEZ (WARDEN
OF U.S.P. ALLENWOOD). UPON ME (THOMAS R. JONES) FILING THE WRIT OF HABEAS
CORPUS; I PAID THE \$5.00 FILING FEE. (ENCLOSED IS A COPY OF THE RECEIPT I
WHICH I RECIEVED FROM THE DISTRICT COURT CONFIRMING THE COURT HAD RECIEVED
THE PAYMENT).

FROM THE OUTCOME OF THE DISTRICT COURTS DECISION TO THE WRIT OF HABEAS
CORPUS (DENIED), I FILED A MOTION TO APPEAL.

THERE IS AN \$100.00 COURT OF APPEALS DOCKET FEE IN WHICH I AM UNABLE TO PAY
AT THIS POINT.

I HAVE BEEN INCARCERATED SINCE 1-19-95. BEFORE BEING INCARCERATED, I HAD
NO JOB NOR ASSETS. THE ONLY MONEY IN WHICH I AM ABLE TO OBTAIN IS THE
MONEY I EARN FOR THE JOB HERE WHILE INCARCERATED, AND THE COUPLE OF DOLLARS
MY MOMS SENDS ME. THE FUNDS ARE USED TO PURCHASE CANTEEN, LAUNDRY PRODUCTS
(IE. SOAP POWDER), HYGENE, AND A LIMITED AMOUNT OF CLOTHING (IE. UNDERWARE,
T-SHIRTS, SOCKS, ECT.). AT THIS POINT I NEED THE FUNDS TO PURCHASE COPIING CARD
PAY SOME-ONE TO TYPE FOR ME, ECT.. NOT TO MENTION THE THINGS I MUST GET ON
A MONTHLY BASIS (IE. HYGENE, LAUNDRY DETERGENT, ECT.).

FOR THE REASONS IN WHICH I HAVE STATED, AND MY CURRENT SITUATION (IE.
BEING INCARCERATED, AND HAVING A VERY LITTLE, LIMITED AMOUNT OF INCOME

I ASK THE COURT TO ALLOW ME TO PRECEED UNDER THE IN FORMA PAUPERIS STATUS FOR PRISONERS. (28 U.S.C. § 1915).

RESPECTFULLY SUBMITTED

Thomas R. Jones

THOMAS R. JONES # 05208-000

F.C.I. ALLENWOOD

P.O. BOX 2000

WHITEDEER, PA. 17887

CERTIFICATE OF SERVICE

I (THOMAS R. JONES) CERTIFY THAT A COPY OF THE ENCLOSED WAS PLACED IN THE LEGAL MAIL, MAIL BOX, HERE AT F.C.I. ALLENWOOD, P.O. BOX 2000, WHITEDEER, PA. 17887, WITH POSTAGE, THIS 21 DAY, OF AUGUST 2001, TO THE FOLLOWING PARTIES.

MICHAEL STOVER, Esq.

UNITE STATES PAROLE COMMISSION

OFFICE OF GENERAL COUNSEL

5550 FRIENDSHIP BOULEVARD

CHEVY CHASE, MD. 20815

MATTHEW E. HAGGERTY, Esq.

OFFICE OF THE U.S. ATTORNEY

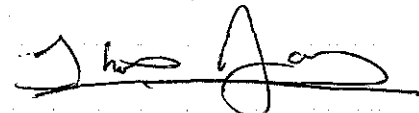
FEDERAL BUILDING

228 WALNUT STREET

P.O. BOX 17254

HARRISBURG, PA. 17108

CLERK OF THE COURT
OF THE HONORABLE
JUDGE YVETTE KANE
U.S. DISTRICT COURT HOUSE
228 WALNUT STREET
P.O. BOX 983
HARRISBURG, PA. 17108



Wed Dec 20 13:58:34 2000

UNITED STATES DISTRICT COURT

SCRANTON, PA

Receipt No. 323 82879
Cashier tanya

Tender Type MONEY ORDER

M.O. Number: 02183848064

Transaction Type N

DO Code	Div No	Acct
4667	3	086900

Amount \$ 5.00

THOMAS R. JONES USP ALLENWOOD PO BOX
3000 WHITE DEER, PA 17867

NEW H/C PETITION THOMAS R. JONES

cn

This is a copy of the receipt of the \$5.00 I paid to the District court for filing fee.

Affidavit accompanying Motion for
Permission to Appeal In Forma Pauperis

United States District Court for the MIDDLE DISTRICT of PENNSYLVANIA

v.

D.C. Case No. 1:00-CV-02220

Third Cir. No. 01-3173

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury that my answers on this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)

Signed: Thomas R. Jones

Instructions

Complete all questions on this application and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate piece of paper identified with your name, your case's docket number, and the question number.

Date: 8-23-2001

My issues on Appeal are:

1. THE UNITED STATES PAROLE COMMISSION DENIED ME PAROLE FOR THE EX SAME REASONS I AM CURRENTLY SERVING TIME FOR.
2. THE COMMISSION WENT OUTSIDE OF THE GUIDELINES FOR "NO JUSTIFIABLE REASON".
3. ACCORDING TO THE COMMISSION'S MEMORANDUM, AND RULES AUTHORIZED TO THE COMMISSION, I HAD A CONSTITUTIONAL RIGHT TO BE RELEASED ON PAROLE, AND/OR; GIVEN A REHEARING WITH-IN 18 TO 24 MONTHS.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

INCOME SOURCE	AVERAGE MONTHLY AMOUNT DURING THE PAST 12 MONTHS	AMOUNT EXPECTED NEXT MONTH
	You	You
Employment	\$ <u>70.00</u>	\$ <u>100.00</u>
Self-Employment	\$ <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NA</u>
Interest and Dividends	\$ <u>NA</u>	\$ <u>NA</u>
Gifts	\$ <u>NA</u>	\$ <u>NA</u>
Alimony	\$ <u>NA</u>	\$ <u>NA</u>
Child Support	\$ <u>NA</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NA</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>NA</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>NA</u>	\$ <u>NA</u>
Public Assistance (such as welfare)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly income	\$ _____	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
LAURAL RACE TRACK	LAURAL MD.	1992-1992	\$400. ⁰⁰

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
NA	NA	NA	NA

4. How much cash do you and your spouse have? \$ NA

Below, state any money you or spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ NA
		\$ NA	\$ NA
		\$ NA	\$ NA

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle # 1	(Value)
NA		NA		Make & year:	NA
				Model:	NA
				Registration #:	NA
Motor Vehicle # 2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year:	NA	NA		NA	
Model:	NA				
Registration #:	NA				

6. State every person, business or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA	NA	NA

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
NA	NA	NA

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or Home Mortgage (Include lot rented for mobile home)	\$ <u>NA</u>	\$ <u>NA</u>
Are real estate taxes included? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is property insurance included? <input type="checkbox"/> yes <input type="checkbox"/> no		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>NA</u>	\$ <u>NA</u>
	<i>I USE TELEPHONE TO CALL HOME \$50.00</i>	
Home maintenance (repairs and upkeep)	\$ <u>NA</u>	\$ <u>NA</u>
Food	\$ <u>50.00</u>	\$ <u>NA</u>
Clothing	\$ <u>30.00</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>8.00</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>NA</u>	\$ <u>NA</u>
Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NA</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>NA</u>	\$ <u>NA</u>
Homeowners or renters	\$ <u>NA</u>	\$ <u>NA</u>
Life	\$ <u>NA</u>	\$ <u>NA</u>
Health	\$ <u>NA</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)(specify): _____	\$ <u>NA</u>	\$ <u>NA</u>

	You	Your Spouse
Installment payments	\$ <u>NA</u>	\$ <u>NA</u>
Credit Card (name): _____	\$ <u>NA</u>	\$ <u>NA</u>
Department Store (name): _____	\$ <u>NA</u>	\$ <u>NA</u>
Other: _____	\$ <u>NA</u>	\$ <u>NA</u>
Alimony, maintenance and support paid to others	\$ <u>NA</u>	\$ <u>NA</u>
Regular expenses for operation of business or farm (attach detailed statement)	\$ <u>NA</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>NA</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>190.⁰⁰</u>	\$ <u>NA</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid _____. Or will you be paying _____ an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes state the attorney's name, address and telephone number:

11. Have you paid ____ Or will you be paying ☒ anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No If yes, how much? \$ 10.00

If yes state the person's name, address and telephone number:

ANY INMATE WHO KNOWS HOW TO TYPE.

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

WHEN ON THE STREET
6604 PINEY BRANCH RD. N.W. WASHINGTON, D.C. 20012

WHILE INCARCERATED, F.C.F. ALLENWOOD, P.O. BOX 2000, WHITEDEER, PA. 17887

Your daytime telephone number: () _____

Your age: 27 Your years of Schooling: 7TH (COMPLETED G.E.D SINCE INCARCERATED)

Your social security number: 577-82-7934

DISTRICT COURT # 1:00-CV-02220

THIRD CIRCUIT APPEAL # 01-3173

IN RE: THOMAS R. JONES
APPELLANT

V.
JAKE MENDEZ, WARDEN, U.S. PRISON
COMMISSION

To: WHOM IT MAY CONCERN;

I WOULD LIKE TO ADVISE ALL PARTIES, THAT THE
ENCLOSED MATERIAL WAS MAILED OUT BY ME FROM F.C.I. ALLENWOOD, P.O. BOX
2000, WHITEDEER, PA. 17887, ON AUGUST 23, 2001, BUT DUE TO LACK OF POSTAGE,
THE ENCLOSED MATERIAL WAS RETURNED TO ME AUGUST 24, 2001. I'M ASKING
ALL PARTIES TO ACCEPT THIS MOTION FOR PERMISSION TO APPEAL IN FORMA
PAUPERIS. I'M NOW SENDING THE ENCLOSED MATERIAL OUT (BY MAIL) AUGUST
27, 2001.

Thomas R. Jones
RESPECTFULLY SUBMITTED